

Attachment A

Professions Eligible for Authorizer Status and Documentation Required for Pressure Modification Devices for Lymphedema Management

**Assistive Devices Program
Ministry of Health**

ontario.ca/page/assistive-devices-program

Introduction

The information contained in Attachment A outlines:

- the health professionals eligible to apply for authorization status for pressure modification devices for lymphedema management; and
- the documentation the applicant is required to include with their application for authorization status.

Authorizers are the gatekeepers to the ADP and play a significant role in:

- providing Ontario residents with accurate information about the ADP;
- assessing Ontario resident's needs for assistive devices;
- confirming the Ontario resident's eligibility for funding assistance; and
- completing the application form to request funding assistance.

A healthcare professional must be registered as an ADP authorizer before they can:

- recommend ADP-approved assistive devices to eligible Ontario residents; and
- complete the ADP application form for eligible Ontario residents.

See table on next page

Device Category	Professions Eligible for Authorizer Status	Documents (copies) which must be submitted with application
Authorizer: <ul style="list-style-type: none"> ✓ compression garments ✓ compression sleeves 	Physiotherapist who: <ul style="list-style-type: none"> • holds a valid certificate of registration from the College of Physiotherapists of Ontario; <p>AND</p> <ul style="list-style-type: none"> • has completed one ADP approved manufacturer's course for the specific type of device. 	Required: <ul style="list-style-type: none"> ❑ Proof of current membership with the College of Physiotherapists of Ontario. ❑ Copy of certificate(s) from manufacturer.
Authorizer: <ul style="list-style-type: none"> ✓ compression garments ✓ compression sleeves 	Occupational Therapist who: <ul style="list-style-type: none"> • holds a valid certificate of registration from the College of Occupational Therapists of Ontario; <p>AND</p> <ul style="list-style-type: none"> • has completed one ADP approved manufacturer's course for the specific type of device. 	Required: <ul style="list-style-type: none"> ❑ Proof of current membership with the College of Occupational Therapists of Ontario. ❑ Copy of certificate(s) from manufacturer.

Device Category	Professions Eligible for Authorizer Status	Documents (copies) which must be submitted with application
Authorizer: <ul style="list-style-type: none"> ✓ compression garments ✓ compression sleeves 	Registered Nurse who: <ul style="list-style-type: none"> • holds a valid certificate of registration from the College of Nurses of Ontario; <p>AND</p> <ul style="list-style-type: none"> • has completed one ADP approved manufacturer's course for the specific type of device. 	Required: <ul style="list-style-type: none"> ❑ Proof of current membership with the College of Nurses of Ontario. ❑ Copy of certificate(s) from manufacturer.
Authorizer: <ul style="list-style-type: none"> ✓ compression garments ✓ compression sleeves 	Registered Massage Therapist who: <ul style="list-style-type: none"> • holds a valid certificate of registration from the College of Massage Therapists of Ontario; <p>AND</p> <ul style="list-style-type: none"> • has completed one ADP approved manufacturer's course for the specific type of device. <p>AND</p> <ul style="list-style-type: none"> • has completed a course in Combined Decongestive Therapy 	Required: <ul style="list-style-type: none"> ❑ Proof of current membership with the College of Massage Therapists of Ontario. ❑ Copy of certificate(s) from manufacturer. ❑ Copy of certification in Combined Decongestive Therapy.

Device Category	Professions Eligible for Authorizer Status	Documents (copies) which must be submitted with application
<p>Authorizer:</p> <ul style="list-style-type: none"> ✓ sequential extremity pumps 	<p>Physiotherapist who:</p> <ul style="list-style-type: none"> • holds a valid certificate of registration from the College of Physiotherapists of Ontario; <p>AND</p> <ul style="list-style-type: none"> • is a member of an ADP registered Lymphedema Team; <p>AND</p> <ul style="list-style-type: none"> • has completed one ADP approved manufacturer's course for the specific type of device. 	<p>Required:</p> <ul style="list-style-type: none"> ❑ Proof of current membership with the College of Physiotherapists of Ontario. ❑ Proof of clinic membership. ❑ Copy of certificate(s) from manufacturer.

Device Category	Professions Eligible for Authorizer Status	Documents (copies) which must be submitted with application
<p>Authorizer:</p> <ul style="list-style-type: none"> ✓ sequential extremity pumps 	<p>Occupational Therapist who:</p> <ul style="list-style-type: none"> • holds a valid certificate of registration from the College of Occupational Therapists of Ontario; <p>AND</p> <ul style="list-style-type: none"> • is a member of an ADP registered Lymphedema Team; <p>AND</p> <ul style="list-style-type: none"> • has completed one ADP approved manufacturer's course for the specific type of device. 	<p>Required:</p> <ul style="list-style-type: none"> ❑ Proof of current membership with the College of Occupational Therapists of Ontario. ❑ Proof of clinic membership. ❑ Copy of certificate(s) from manufacturer.

Device Category	Professions Eligible for Authorizer Status	Documents (copies) which must be submitted with application
Authorizer: <ul style="list-style-type: none"> ✓ sequential extremity pumps 	Registered Nurse who: <ul style="list-style-type: none"> • holds a valid certificate of registration from the College of Nurses of Ontario; <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> • is a member of an ADP registered Lymphedema Team; <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> • has completed one ADP approved manufacturer's course for the specific type of device. 	Required: <ul style="list-style-type: none"> ❑ Proof of current membership with the College of Nurses of Ontario. ❑ Proof of clinic membership. ❑ Copy of certificate(s) from manufacturer.
Fitter: <ul style="list-style-type: none"> ✓ compression garments ✓ compression sleeves ✓ sequential extremity pump 	Occupational Therapist who: <ul style="list-style-type: none"> • has completed one ADP approved manufacturer's course for the specific type of device. 	Required: <ul style="list-style-type: none"> ❑ Copy of certificate(s) from manufacturer.

Approved Manufacturer's Training Courses for Authorizers and Fitters	
Compression Garments	<ul style="list-style-type: none"> ✓ Jobst ✓ Juzo ✓ Sigvaris ✓ Valco Mediven
Compression Sleeves	<ul style="list-style-type: none"> ✓ Peninsula Medical
Sequential Extremity Pumps	<ul style="list-style-type: none"> ✓ Lymphapress